treatment, and began with the liquid extr. of belladonna (containing 10 grs. extract to one ounce water), of which eight drops, gradually augmented to twenty, were taken three times a day. After following this course for three days, we found the pains abating. A relapse taking place in consequence of imprudent eating, we applied acupuncturation along the sartorius muscle, and ordered an ointment of belladonna gr. xx, and lard ℥viij, twelve grains of which were rubbed along the non-puncturated parts of the affected leg, the skin having been reddened with diluted sulphuric acid. Besides a severe retention of urine, which was speedily removed by means of pulv. canthar. gr. ss, camphor gr. j; no other obstacle occurred in the treatment, and in four weeks the patient was dismissed.

DOMESTIC SUMMARY.

Extirpation of the Uterus.—Dr. G. KIMBALL, of Lowell, Mass., has, it appears, from a communication in our contemporary, the *Boston Med. and Surg. Journal* (May 3d, 1855), performed this formidable operation three times, and one of the patients recovered.

In the first case "the operation was begun with the view of removing a diseased ovary, and terminated in the extirpation of the uterus. Though feeling well assured in this case as to the correctness of my opinion regarding the nature of the disease I was about to encounter (an opinion, too, which, so far as I know, was concurred in by each of the several medical gentlemen present), my first incision through the abdominal parietes revealed at once the unexpected yet unmistakable fact that the tumour in question was no other than an enormous, irregular, lobulated structure; the uterus itself being the only organ involved. My determination, in this aspect of things, was to desist from further prosecuting the operation; but, upon consultation, another judgment prevailed, and it was finally concluded by a complete extirpation of the diseased mass, and with it also the whole of the organ with which it was connected. This patient survived the operation ten days. For the first six days the symptoms were comparatively mild—so much so as to afford considerable hope of recovery. On the seventh day, however, the aspect of things changed for the worse; and on the tenth day, as before stated, the case terminated in the death of the patient."

The subject of the second case was a Mrs. T., of Vernon, Conn. about 34 years of age, who had a globular, movable tumour in her abdomen of about seven inches in diameter. No great inconvenience attended the size of the tumour, but she was greatly reduced by the profuse hemorrhage during the menstrual period.

"Examined per vaginam, the neck of the uterus was found in its natural condition, both in position and size; the os uteri open rather more than natural; a sound readily passed up some four or five inches. The enlarged and diseased portion of the organ could not be reached by the forefinger—the entire bulk of the tumour lay in the abdominal cavity."

To save the patient from the risk of death from the profuse hemorrhage at the menstrual period, it was decided to remove the uterus, which was assented to by the patient.

"She was now put in readiness for the operation by being placed on a properly elevated table, and brought under the influence of chloroform. Upon exposing the abdomen, and observing the small size of the patient, it appeared quite evident that, in order to dislodge the tumor *entire*, it would be necessary to extend an incision from the ensiform cartilage to the pubis. But rather than do this, it was thought better to expose a part only of the tumor, and see what could be done by way of *enucleating* the diseased portion of it—thus reducing

its bulk so as to allow its being drawn out through a comparatively small opening. Accordingly, an incision was made through the *linea alba* directly over the most prominent portion of the tumour, exposing it to the extent of about four inches. Another cut of less extent, through the uterine walls, brought to view the fibrous mass within. Observing that no bleeding followed this procedure, this last incision was prolonged to an extent corresponding with that through the parietes. Through this opening, a portion of the diseased mass, thus exposed, was suddenly and forcibly extruded, seeming, at first, as if a little additional force would be sufficient to dislodge it entirely from its connections. Attachments, however, firmer and more extensive than had been anticipated, rendered this part of the operation rather difficult; but being finally accomplished, and the uterus becoming at once greatly diminished in bulk, it was readily drawn out from the abdominal cavity, conformably with the plan adopted in the outset, and placed in the hands of an assistant.

"A straight, double-armed needle was now passed through the organ in an antero-posterior direction, as low down as the supposed point of its junction with the neck, this part being, of course, left intact as regards its relation with the vagina. By this plan of appropriating to each lateral half a separate ligature, there was no great difficulty in making sure against all chance of subsequent hemorrhage; a consideration of great importance, in view of what might otherwise be very liable to happen.

"The remaining part of the operation was very simple, and easily accomplished. It consisted of a mere amputation of the diseased structure by a single straight incision, carried across from one side to the other, and as near to the ligatures as was consistent with their secure attachment.

"The parts having now been made as clean as possible, the wound through the parietes was brought together, and its edges secured with four sutures. Adhesive strips, and a compress wet with warm water and laudanum, completed the dressing.

"The operation was somewhat protracted, lasting nearly or quite forty minutes; yet it was not accompanied or followed by any extraordinary or alarming degree of exhaustion. The amount of blood lost did not exceed four ounces.

"After being laid in bed, the patient was troubled with nausea and occasional vomiting, which continued for two or three hours. This, however, was probably the effect of chloroform merely. Upon its ceasing, an urgent desire, without the ability, to evacuate the bladder, came on, together with a severe pain in the lower part of the back. The first difficulty was readily relieved by the use of the catheter, the latter by a half-grain dose of morphine—which seemed not only to quiet the pain, but to induce what was then considered a comfortable night's rest."

The patient was left in the care of Dr. Skinner, and subsequently improved rather satisfactorily, except that the ligatures, which remained, proved a source of irritation.

Early in May following, Dr. Kimball visited the patient, and found her greatly improved in strength and flesh. "The ligatures, however, still remained an annoyance, producing a good deal of discomfort, particularly in the exercise of riding and walking. Another attempt to remove them was again unsuccessful; and, from the pain that always followed these efforts, it was thought advisable rather to allow them to remain attached for an indefinite time longer, than to subject the patient to repeated failures. This conclusion seemed reasonable and safe, from the fact that their presence was looked upon as a mere *inconvenience*, and not implying any danger.

"This visit, as stated above, was made early in May, eight months subsequent to the operation. From that time to the present, my further knowledge of the case has been only of an indirect character, yet quite satisfactory. From several individuals coming from the immediate neighbourhood of the patient (one of them recently), I learn that the operation is spoken of as perfectly successful, and the patient herself restored to health."

In regard to the third case, Dr. K. states that the motives which induced him to operate were substantially the same as decided him in regard to the second

case. The patient died on the third day, and upon *post-mortem* it was shown that a ligature had slipped, and that hemorrhage had been the immediate cause of death.

Gastrotomy successfully performed for the removal of a Bar of Lead from the Stomach.—Dr. JOHN BELL, of Wapello, Iowa, records (*Iowa Medical Journal*, April and May, 1855) the following very remarkable case of this:—

On Christmas day, a man came to Dr. Bell's office, who was said, while performing a favourite feat of running a bar of lead down his throat, to have accidentally let it slip, and that it had descended into the stomach. The man asserted that he had swallowed the bar, and added, "that it was nothing wonderful for him to do, as he had swallowed three or four bars at previous times." This was said in a half waggish manner, and being to all appearance partially intoxicated, and having, withal, the reputation of being an expert at juggling and sleight of hand, Dr. Bell supposed it to be one of his tricks, and this opinion was strengthened from the fact that he seemed to be suffering no inconvenience. Dr. Bell came, therefore, to the conclusion that it was a hoax, but, to satisfy himself further, he passed a sound down the œsophagus, but could not discover anything. A few minutes afterwards, Drs. Cleaver and Bell, after a brief consultation, concluded to introduce the sound again; they did so, but with no better evidences of the presence of lead than before. They told him to go about his usual employments, and, should it trouble him, to send for them. The next day he went to work, and continued at work for three or four days, when, becoming unwell, he went home, some six miles from Wapello, and sent for Dr. Robertson, of Columbus City. On Monday, Jan. 1st, Dr. Robertson requested the physicians of Wapello to meet him forthwith at the residence of the patient. Drs. Taylor and Bell answered the summons promptly. Drs. Robertson, Neal, Cleaves, Graham, and Crawford had arrived before them. The patient was closely examined, and there was found no perceptible external evidence of the presence of any foreign body in the stomach; the patient was comfortable, up and about, and seemed well, except some paleness, which might have been produced by the regimen enjoined. After considerable conference, it was deemed best not to operate at that time; instructions were given to keep the patient on a low diet, and open the bowels by a saline laxative, and should any untoward circumstances or symptoms supervene, to notify the physicians at once.

Dr. Bell was hastily summoned the next day, Jan. 9th, to see the patient, and found him suffering from gastralgia and abdominal soreness; there had been considerable retching and vomiting of a dark watery fluid; pulse small and tense; great anxiety, restlessness, prostration, and apparent sinking of the vital powers. The bowels had not been moved; very sensitive to pressure over the left iliac and inguinal region.

In consultation with Drs. Taylor and Robinson, it was agreed that a bar of lead had been swallowed, and that an operation was advisable for its removal. Accordingly, the next day, Jan. 3d, Dr. Bell operated, assisted by Drs. Robertson, Cleaves, Graham, and Taylor, in the following manner:—

"The patient having been properly placed and secured, chloroform was administered. It produced, at first, some nausea, and the patient threw up a quantity of black, fetid, watery fluid. As soon as insensibility ensued, I made an incision from the point of the second false rib on the left side to the umbilicus, dividing the skin and cellular membrane; thence through the abdominal muscles to the peritoneum; made a minute opening at the lower end of the section through the peritoneum, passed in the director, and, with a probe-pointed bistoury, divided it through the entire length of the incision. The division of the peritoneum produced a spasmodic contraction of the abdominal muscles, and a large quantity of the omentum and bowels were ejected from the orifice; these I replaced as speedily as possible, and at once passed my hand inward and upward through the incision, grasped the stomach, and immediately discovered the lead and its position. It lay in a direction from right to left, the upper end resting against the walls of the stomach, to the right of the cardiac orifice; the lower end in the greater curvature of the stomach, to the left of and